

. . . an Assurex Partner

20410 N. 19th Avenue, Suire 1 Phoenix, Arizona 85027-1405 (623) 215-1300 (623) 215-1333 FAX

December 30, 2005

State of Arizona
State Environmental Contracts

RE: Engineering and Environmental Consultants, Inc.

Solicitation #SCC060008

To Whom It May Concern:

Engineering and Environmental Consultants, Inc. has established a bonding line of credit with Merchants Bonding Company. Merchants is an "A" rated company by A. M. Best and is a federally approved surety by the United States Department of the Treasury.

The bonding line of credit established for Engineering and Environmental Consultants, Inc. stands at \$500,000 which has been set to meet the day to day needs of this company. This limit should not be considered maximum amount of surety credit available, but rather a working line of credit to meet the anticipated needs of the company's daily operations. Requests for surety credit above this line of credit are welcomed and reviewed on a case by case basis. As always, any future request for surety credit is based on the current underwriting information available at the time.

We are pleased to give our highest recommendation on behalf of Engineering and Environmental Consultants, Inc. and appreciate any courtesy you may extend this valued client.

Best regards,

Jeri Lynn Thompson

Attorney-in-fact

Merchants Bonding' Company

/jlt



January 3, 2006

Engineering & Environmental Consultants, Inc. 4625 E. Fort Lowell Road Tucson, AZ 85712-1126

RE: State of Arizona

Dept. of Environmental Quality Solicitation #SEC060008



. . . an Assurex Partner

3719 N. Campbell Ave. (85719) P.O. Box 42950 Tucson, Arizona 85733-2950 (520) 795-8511 (520) 795-8542 FAX

Dear Chuck:

This letter is to serve as verification that your insurance policy limits are adequate for the requirements set out in section 4.26.3 of the above referenced contract. I have reviewed the above captioned contract for insurance purposes only, specifically sections Environmental Consultants & Testing 4.26.3 Insurance Requirements. Our recommendations and/or comments are limited to compliance with insurance requirements. The Mahoney Group can not provide legal advice and strongly recommends you review the contract in its entirety with your attorney.

Your policy has been endorsed for blanket additional insured and blanket waiver of subrogation if required by written contract. Auto liability requires the addition of an additional insured endorsement. Your carrier has agreed to provide this endorsement for the additional premium quoted. As discussed, if your bid is successful, we will order the endorsement at that time.

Your umbrella liability policy includes the employer's liability as an underlying policy. The combination of these two policies exceeds the limits required by the contract.

Your professional environmental consultant's liability policy limits are also adequate for the contract, but it does not provide broad contractual indemnification language nor coverage for subcontractors. Please note my comments previously provided by email on December 5, 2005.

Should you have any questions, please don't hesitate to give us a call.

Sincerely,

Drew A. Newton, CPCU, ARM, CIC

THE MAHONEY GROUP

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| | | | Z 85719-1541 20-795-8511 Fax:52 | 20-795-8542 | INSURERS A | INSURERS AFFORDING COVERAGE | | | | |
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| | | | | | INSURER B: | CTITUTE TIPOTON | re emberia | | | |
| | |] | Engineering & Envi | ronmental | | | | | | |
| | | (| Consultants, Inc. | 1 Poad | | INSURER C: | | | | |
| | | i | Consultants, Inc. 4625 E. Fort Lowel Tucson AZ 85712 | I ROAG | INSURER D: | INSURER D: | | | | |
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| NSR LTR | ADD L INSRD | | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMIT | S | | |
| | | GEN | IERAL LIABILITY | | | | EACH OCCURRENCE | 51,000,000 | | |
| A | İ | x | COMMERCIAL GENERAL LIABILITY | CPP0910683 | 03/31/05 | 03/31/06 | DAMAGE TO RENTED PREMISES (Ea occurence) | \$ 500,000 | | |
| | | | CLAIMS MADE X OCCUR | 011001000 | 00,02,00 | 00,01,00 | | | | |
| | | | CENTING MADE A OCCUR | | | | MED EXP (Any one person) | \$10,000 | | |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 | | |
| | | | | | | | GENERAL AGGREGATE | \$2,000,000 | | |
| | | GEN | L'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 | | |
| | | - | POLICY X PRO- | | | | | | | |
| A | | AUT X | OMOBILE LIABILITY ANY AUTO | CPP0910683 | 03/31/05 | 03/31/06 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 | | |
| | | | ALL OWNED AUTOS SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | 69 | | |
| | | X X | HIRED AUTOS NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) | 49 | | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | GAR | RAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ | | |
| | | | ANY AUTO | | | | OTHER THAN EA ACC | s | | |
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| | | EXC | ESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$2,000,000 | | |
| A | | x | OCCUR CLAIMS MADE | CPP0910683 | 03/31/05 | 03/31/06 | AGGREGATE | \$2,000,000 | | |
| T. | | <u></u> | OCCUA CONIMA MADE | CPP0910003 | 03/31/03 | 03/31/00 | AGGREGATE | 5 | | |
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| | | | RETENTION \$ | | | | WC STATU- OTH- | S | | |
| | | | S COMPENSATION AND RS' LIABILITY | | | | | | | |
| | ANY | PROF | PRIETOR/PARTNER/EXECUTIVE | | | | E.L. EACH ACCIDENT | \$ | | |
| | | | MEMBER EXCLUDED? cribe under | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | SPEC | IAL F | ROVISIONS below | | | | E.L. DISEASE - POLICY LIMIT | S | | |
| | OTHE | R | | | | | | | | |
| DES | CRIPTI | O NC | F OPERATIONS / LOCATIONS / VEHIC | LES / EXCLUSIONS ADDED BY ENDORSE | MENT / SPECIAL PRO | OVISIONS | | 1 10 10 10 | | |
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| | | | | ಸಾತ್ರಾಂಗ | ' I | DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN | | | | |
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| | | | | | NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL | | | | | |
| | | | ADEO | | IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR | | | | | |
| | | | 1110 W. Washington | L | REPRESENTATIVES. | | | | | |
| | | | Phoenix AZ 85007 | | AUTHORIZED REPRESENTATIVE | | | | | |
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© ACORD CORPORATION 1988

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| | 9 N. Campbell Avenue son AZ 85719-1541 | | ALTER THE | ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | |
| | ne: 520-795-8511 Fax:52 | 20-795-8542 | INSURERS AI | FFORDING COVE | RAGE | NAIC# | | |
| NSUF | ED | | INSURER A: | Steadfast Insurance | 3 Company | | | |
| | Braincanina 5 Bassi | | INSURER B: | | | | | |
| | Engineering & Envi | ronmencar | INSURER C: | | ••• | | | |
| | Consultants, Inc. 4625 E. Fort Lowel Tucson AZ 85712-11 | 1 Road 26 | INSURER D: | | | | | |
| -04 | ERAGES | | INSURER E: | | | | | |
| THI AN MA | ERAGES POLICIES OF INSURANCE LISTED BELOW HAVY PEOUIREMENT, TERM OR CONDITION OF ANY PERTAIN, THE INSURANCE AFFORDED BY THI LICIES, AGGREGATE LIMITS SHOWN MAY HAVE | CONTRACT OR OTHER DOCUMENT WITH POLICIES DESCRIBED HEREIN IS SUBJEC | RESPECT TO WHICH | THIS CERTIFICATE M | AY BE ISSUED OR | | | |
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| - 1 | COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurence) | \$ | | |
| | CLAIMS MADE OCCUR | | | | , , | \$ | | |
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| | | | | | GENERAL AGGREGATE | 5 | | |
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| | HIRED AUTOS NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ | | |
| | | | | | PROPERTY DAMAGE (Per accident) | 5 | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ | | |
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| | DEDUCTIBLE | | | | | 5 | | |
| | RETENTION \$ | | | | L WC STATU- L TOTH- | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU- OTH- TORY LIMITS ER | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | E.L. EACH ACCIDENT | 5 | | |
| | OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | • | | E.L. DISEASE - EA EMPLOYEE | | | |
| | SPECIAL PROVISIONS below OTHER | | | | E.L. DISEASE - POLICY LIMIT | 5 | | |
| A | Professional/ | PEC525461103 | 08/28/05 | 08/28/06 | Per Claim | \$1,000,000 | | |
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| | RIPTION OF OPERATIONS / LOCATIONS / VEHICLOOF OF COVERAGE. | CLES / EXCLUSIONS ADDED BY ENDORSEN | MENT / SPECIAL PRO | DVISIONS | | | | |
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| CEF | RTIFICATE HOLDER | | CANCELLATION | | | | | |
| | | ADEQ000 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR | | | | | |
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| | ADEQ | | I | REPRESENTATIVES. | | | | |
| | 1110 W. Washington Phoenix AZ 85007 | • | AUTHONIZED REPRESENTATIVE | | | | | |
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| PRODUCER THE MAHONEY GROUP - TUCSON 3719 N. Campbell Avenue | | | | | | | | | ONLY AND (HOLDER, T | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | |
| Tu | Tucson AZ 85719-1541 Phone: 520-795-8511 Fax: 520-795-8542 | | | | | | | | | INSURERS AFFORDING COVERAGE | | | | |
| INSU | INSURED | | | | | | | | | " | | | | |
| | | | | | | | | | INSURER B: | Inclinati insulan | sa company | 0146 | | |
| | | Ę | Engin | eerin | g & E | nvi | ronmental | | INSURER C: | | | | | |
| | | 4 | 4625 | E. Fo | rt Lo | well | i Road | | INSURER D: | | | | | |
| | | - | lucso | n AZ | 85712 | ! | | | INSURER E: | | | | | |
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| | | | HIRED AU NON-OWN | | s | | | M | SUREDIS | COPY | BODILY INJURY (Per accident) | \$ | | |
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| | | \dashv | ANY AUTO | o - | | | | | | | OTHER THAN EA ACC AUTO ONLY: AGG | \$ | | |
| | | EXC | ESS/UMBF | RELLA LIA | BILITY | | | | | | EACH OCCURRENCE | 52,000,000 | | |
| A | | x_ | OCCUR | | CLAIMS N | MADE | CPP0910683 | | 03/31/05 | 03/31/06 | AGGREGATE | \$2,000,000 \$ | | |
| | | | DEDUCTI | BLE | | | | | | | | 5 | | |
| | | | RETENTION | | | | | | | | WC STATU- OTH- | \$ | | |
| | | | COMPEN: RS' LIABIL | | ND | | | | | | TORY LIMITS ER | | | |
| | ANY | ROP | RIETOR/P. | ARTNER/E | | = | | | | | E.L. EACH ACCIDENT | \$ | | |
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| | OTHE | | ROVISION | S below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
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| | | | | | | / VEHIC | LES / EXCLUSIONS ADDEC | BY ENDORSE | MENT / SPECIAL PROV | VISIONS | · | | | |
| Proof of Coverages. | | | | | | | | | | | | | | |
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| | | | | | | | | WDF OOO | DATE THEREOF, | DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR | | | | |
| | | | ADEQ | W W- | ohi | T+~~ | | | 1 | REPRESENTATIVES. | | | | |
| | 1110 W. Washington Phoenix AZ 85007 | | | | | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| | ALACCAMA III UUUU | | | | | | | | 1 DW | Dum Newton | | | | |

| E | <u> CERTIFIC</u> | ATE OF LIABILI | TY INSU | RANCE | OPID D2 ENVI-16 | 01/03/06 | | | | |
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| नमण | MAHONEY GROUP - TUCSON | | | ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR | | | | | | |
| 371 | 9 N. Campbell Avenue | | | ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | | | |
| | son AZ 85719-1541 | | | | | | | | | |
| | one: 520-795-8511 Fax:52 | 20-795-8542 | INSURERS AF | FORDING COVE | RAGE | NAIC# | | | | |
| INSUF | ED | | | Steadfast Insurance | Company | | | | | |
| | Engineering & Envi | ronmental | INSURER B: | | | | | | | |
| | Engineering & Envir Consultants, Inc. 4625 E. Fort Lowell Tucson AZ 85712-112 | Road | INSURER C: | | | | | | | |
| | Tucson AZ 85712-112 | 26 | | INSURER D: | | | | | | |
| COV | FRACES | | INSURER E: | | | ! | | | | |
| COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR | | | | | | | | | | |
| | Y PERTAIN, THE INSURANCE AFFORDED BY THE LICIES, AGGREGATE LIMITS SHOWN MAY HAVE I | | CT TO ALL THE TERM | S, EXCLUSIONS AND C | CONDITIONS OF SUCH | | | | | |
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| | COMMERCIAL GENERAL LIABILITY | | | | PREMISES (Ea occurence) | \$ | | | | |
| | CLAIMS MADE OCCUR | | | | | 5 | | | | |
| | | | | | PERSONAL & ADV INJURY | \$ | | | | |
| | | · | | | GENERAL AGGREGATE | 5 | | | | |
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| | ALL OWNED AUTOS SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | 5 | | | | |
| | HIRED AUTOS NON-OWNED AUTOS | | AIA | Man | BODILY INJURY (Per accident) | \$ | | | | |
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| | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ | | | | |
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| İ | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | · | | | TORY LIMITS ER | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | E.L. EACH ACCIDENT | 5 | | | | |
| | OFFICER/MEMBER EXCLUDED? If yes, describe under | | | | E.L. DISEASE - EA EMPLOYEE | | | | | |
| | If yes, describe under SPECIAL PROVISIONS below OTHER | | | | E.L. DISEASE - POLICY LIMIT | 5 | | | | |
| A | Professional/ | PEC525461103 | 08/28/05 | 08/28/06 | Per Claim | \$1,000,000 | | | | |
| DESC | Pollution Liab. | \$20,000 SIR LES/EXCLUSIONS ADDED BY ENDORSE | MENT / SPECIAL PRO | <u> </u> VISIONS | Aggregate | \$2,000,000 | | | | |
| | oof of Coverage. | | | | | | | | | |
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| | | ADEQ000 | 1 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION | | | | | | |
| | | .mm7000 | DATE THEREOF | DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN | | | | | | |
| | | | NOTICE TO THE | NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL | | | | | | |
| | ADEQ | | IMPOSE NO OBI | IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR | | | | | | |
| | 1110 W. Washington | | REPRESENTATI | | w . | | | | | |
| | Phoenix AZ 85007 | | AUTHORIZED REPRESENTATIVE | | | | | | | |
| | | | | DOWN NOWN | | | | | | |